Strengthening Foundational Knowledge and Clinical Decision-Making: Preparing for the Audiology PRAXIS Exam

November 21, 2014
Overview

• Praxis Overview – Kathy Pruner
• Test at a Glance – Lisa Lucks Mendel
• Foundations, Prevention & Identification, and Professional Issues – Janet Koehnke
• Vestibular Case Study – Julie Honaker
• Pediatric Questions – Diane Sabo
• Adult Hearing Aids – Glenn Waguespack
• Wrap-up and Questions – Lisa Lucks Mendel
Background on ETS

• Non-profit organization, founded in 1947; combined ACE, Carnegie Foundation and College Entrance Examination Board
• Mission: advance quality and equity in education for all people worldwide
• ETS develops, administers, and scores
  – 50+ million assessments in
  – 180 countries at over
  – 9,000 locations worldwide
How are ASHA’s Praxis Exams Developed?

Test Development/Regeneration Process

1. Practice Analysis
2. Test Blueprint
3. Item Writing
4. Equating Set
5. Validity
6. Standard Setting
7. Passing Score Determined
2014-2015 Testing Schedule

Remaining Audiology Testing Windows:

• 12/8/14 – 12/20/14
• 2/9/15 – 2/21/15
• 3/9/15 – 3/21/15
• 4/6/15 – 4/18/15
• 6/15/15 – 6/26/15

With computer tests, you can register up to 3 days before test day and not pay a late fee.
Test Prep Materials for
The *Praxis*® Audiology Exam
Free Test Prep

• Comprehensive Praxis Study Companion
  – Test at a Glance (TAAG)
  – Reducing Test Anxiety
  – Study Plan document

• Prerecorded Webinars: on demand webinar videos
  – Assists those who are not able to attend live
    webinars due to class, work, or time zone conflicts

• Live 1-hour webinars: all start at 1:00 P.M. ET
  – Tuesday, January 27, 2015
5. A six-month-old child born with bilateral bony atresia is seen for an audiological evaluation and treatment recommendation. Radiological evidence indicates the probable presence of an intact middle ear and cochlea. ABR responses have been obtained at near-normal levels to bone-conducted signals. Of the following, the most appropriate course of action for this child at this time would be to

(A) defer treatment until growth of the external and middle ear is complete at about age 6

(B) suggest that surgery be initiated on at least one ear to permit a normal air-conducted pathway

(C) recommend an implanted bone-anchored hearing aid

(D) investigate the use of a bone-conduction hearing aid until audiological test results can be confirmed and surgery initiated when the child is older

(E) counsel the parents concerning sign language and initiate a treatment program based on the use of all visual cues
5. The correct answer is (D). The evaluation shows that the middle ear and the cochlea are probably intact and that a surgeon has only to open the occluded canals for hearing to be made functional. However, to perform surgery on a six-month-old child without having more information about hearing competence would be unwarranted. Because bilateral atresia often can be handled through a bone-conduction hearing aid, such a device should be tried first and the child’s growth and development monitored to determine when surgery should take place.
## Sample Study Plan Using Study Companion

<table>
<thead>
<tr>
<th>Content covered</th>
<th>Description of content</th>
<th>How well do I know the content? (scale 1–5)</th>
<th>What resources do I have/need for this content?</th>
<th>Where can I find the resources I need?</th>
<th>Dates I will study this content</th>
<th>Date completed</th>
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</thead>
</table>

- **Content based on TAAG**
- **Test taker fills in grid to develop study plan**
“Strategies for Success” Video

www.ets.org/praxis/strategiesforsuccess
“What to Expect on Testing Day” Video
www.ets.org/praxis/testday
Updated Computerized Testing Experience Video

www.ets.org/praxis/computertestingdemo
Interactive Practice Tests

- Detailed explanations for correct answers to the practice questions
- Content category scores indicating the number of questions answered correctly in each content category to help candidates understand their performance level
- Real test directions and questions similar to those you will see on test day
- A timer that to simulate the actual test experience
- $17.95 for 10 uses or 90 days
- SLP and Audiology IPTs will be available Jan. 2015
Answer the question below by clicking on the correct response.

Damselflies and dragonflies share a general scientific name — Odonata — and are often misidentified. One easy way to distinguish between the two is to observe the wings. The rear pair of dragonfly wings is broader than the front pair, whereas both sets of a damselfly’s wings are essentially equal. A second technique involves looking at the eyes: the damselfly’s are on opposite sides of its head, whereas dragonfly eyes are closer together.

According to the passage, one way to distinguish between a dragonfly and a damselfly is by

- comparing the size of the insects
- counting the insect’s wings
- counting the insect’s eyes
- observing the shape of the insect’s wings
- observing the shape of the insect’s eyes
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Praxis Score Reports: Reviewing Your Performance
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• Scores are available online for 1 year for you to download
• Additional score reports: $40
Sample Score Report

EXAMINEE SCORE REPORT
Telephone: 800-772-9476 or 609-771-7395

BACKGROUND INFORMATION
Examinee's Name: POPPINS, MARY
Social Security Number: 567-71-2771
Sex: F
Candidate ID Number: 10020254
Date of Birth: 01/16/1979

EDUCATIONAL INFORMATION
College Where Relevant Training Was Received: UNIV OF IOWA SPEECH PATH/AUD
Undergraduate Major: (I)
Graduate Major: (I)
Educational Level: (I)
GPA: (I)

SCORE RECIPIENT(S) REQUESTED

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CURRENT TEST DATE: 01/14/2012

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<th>Your Score</th>
<th>Possible Score Range</th>
<th>Average Performance Range**</th>
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HIGHEST SCORE AS OF: 02/03/2012

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## Category Performance

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<td>12</td>
<td>7-10</td>
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<tr>
<td>II. PREVENTION AND IDENTIFICATION</td>
<td>10</td>
<td>12</td>
<td>8-10</td>
</tr>
<tr>
<td>III. ASSESSMENT</td>
<td>43</td>
<td>47</td>
<td>33-39</td>
</tr>
<tr>
<td>IV. INTERVENTION</td>
<td>29</td>
<td>36</td>
<td>25-29</td>
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<td>V. PROFESSIONAL ISSUES</td>
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Recent Enhancements

• You now get 4 free score reports instead of 3—a savings of $40
  – Note that many state education departments automatically receive your scores if you test in that state.
• Registration is simplified – you now choose agency/ASHA (or state) for listing of required test (rather than searching by test name or from the entire list) – cutting down wrong choices
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E-mail: praxis@ets.org
Hours: Mon-Fri, 8:00 A.M. – 7:45 P.M. ET
Audiology
Test at a Glance

Lisa Lucks Mendel
University of Memphis
Test at a Glance (TAAG)
Provides test blueprint to help develop a study plan

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<td>IV. Intervention</td>
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<tr>
<td>V. Professional Issues</td>
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Highlights the topics covered and in what proportion.
Foundations (10%)

- Acoustics/psychoacoustics
- Anatomy, physiology and behavior over the life span
- Etiology
- Pharmacology, ototoxicity, and vestibulotoxicity
- Psychometrics and instrumentation
- Principles of counseling
- Cultural and linguistic diversity
- Deaf culture
Prevention and Identification (10%)

• Education and Prevention (Conservation)
  – Causes and effects of hearing loss and vestibular disorders
  – Protection from hearing loss and vestibular disorders
  – Universal precautions
  – Selection and fitting hearing protection devices
Prevention and Identification (cont.)

• Screening and Risk Assessment
  – Selecting and administering procedures to identify those who need
    • Further diagnosis and/or treatment
    • Referral for speech and/or language assessment
    • Referral for other professional services
    • Vestibular evaluation and/or treatment
  – Universal newborn hearing screening
  – Self-report measures
Assessment (40%)

• Assessment Planning
  – Case history
  – Equipment function
  – Selecting and modifying procedures as necessary

• Audiologic Evaluation
  – Administering and interpreting the *behavioral* test battery (pure tone audiometry, speech audiometry, pseudohypacusis)
  – Administering and interpreting the *physiologic* test battery (immittance, OAEs, AEPs)
  – Administering and interpreting *other* assessments (otoscopy, balance system assessment, communication function, tinnitus, APD)
Assessment (cont.)

• Integrating assessment results (behavioral, physiologic, neurodiagnostic, balance function)

• Documentation and communication of procedures and results of evaluations
  – Generating recommendations
  – Communicating results
  – Interacting with clients, families, and professionals
Intervention (30%)

• Treatment Planning
  – Evaluating client information to facilitate treatment planning
  – Selecting and modifying treatment procedures based on client factors
  – Integrating results of assessments to support treatment recommendations

• Device Selection
  – Evaluating client’s perceived handicap
  – Determining candidacy for hearing aids, cochlear implants, hearing assistance technology, etc.
Intervention (cont.)

• Hearing Aids
  – Evaluating, programming, coupling
  – Selecting features

• Cochlear Implants
  – Programming, evaluating effectiveness, selecting strategies

• Device Verification and Validation
  – Verifying proper function of hearing aids, assistive devices, and cochlear implants
  – Conducting electroacoustic analysis
  – Probe microphone verification (RECD, REIG, REAR)
  – Repairing and modifying hearing technology
Intervention (cont.)

• Audiologic Rehabilitation
  – Planning and evaluating
  – Communication strategies
  – Tinnitus management
  – Vestibular rehabilitation
  – Counseling

• Documentation and Communication
Professional Issues (10%)

• Professional Practice
  – Service delivery models
  – Management and business practices
  – Equipment, calibration, and maintenance

• Legal and ethical practice and advocacy
  – Professional conduct
  – Patient rights
  – Legislative and regulatory mandates

• Evidence-Based Practice
  – Application of research findings
  – Research principles and practices
Sample Test Questions

Answers with rationales
Foundations Questions: Some Examples

Janet Koehnke
Praxis Committee member
What to Expect

• In the new test form 10% of the questions are in this category

• Subcategories include:
  – Acoustics/Psychoacoustics
  – Anatomy/Physiology & Behavior over the lifespan
  – Etiology
  – Pharmacology, Ototoxicity, Vestibulotoxicity
  – Psychometrics & Instrumentation
  – Principles of Counseling
  – Cultural & Linguistic Diversity
Individuals with normal hearing sensitivity in one ear and a severe hearing loss in the other ear experience the following:

- A gain in speech understanding when the noise is closer to the ear with hearing loss
- Improved ability to localize when the noise source is closer to the ear with normal hearing
- Better speech understanding and localization as the reverberation time increases
- More difficulty understanding speech when the speaker moves closer to the ear with hearing loss
- Improved localization when the noise is at $0^\circ$ azimuth and the source is closer to the ear with hearing loss

**ANSWER: #1**

WHY? When the more favorably placed ear (i.e., the better ear) is further from the noise source the SNR improves in the better ear.

It is well known that for individuals with unilateral hearing loss, speech intelligibility improves in this situation.
Diagnostic audiometers generally provide one-third-octave noise for use in masking pure tones. This bandwidth is used because bands of that width:

- Are centered at the frequency range of normal speech
- Encompass the width of a critical band
- Produce more masking than pink noise does
- Produce more masking than half-octave bands do
- Are less than the width of a critical band

**ANSWER: #2**

**WHY?** Narrow bands of masking noise should be wider than a critical band so that they will provide effective masking at the test frequency without requiring overall levels that are higher than necessary.
A patient tells an audiologist that she recently received surgery for otosclerosis in her right ear. The ENT indicated that the procedure was successful. However, the surgeon nicked the chorda tympani. Which of the following is the patient likely to report?

- Decreased hearing in the low frequencies
- Difficulty swallowing
- Decreased sensation of taste
- Decreased hearing in the high frequencies
- Numbness on one side of her face

**Answer: #3**

**WHY?** The chorda tympani, which is a branch of the facial nerve (VII) is responsible for the sensation of taste in the anterior two-thirds of the tongue. When it is damaged or nicked, taste is affected.
An audiometer attenuator is set to 0 dB HL. Which of the following is true about the sound pressure level output of the earphone?

- It is constant across all frequencies
- It is lowest at midfrequencies
- It increases as a function of frequency
- It is highest at 4000 Hz
- It decreases 6 dB per octave

Answer: #2

WHY? The SPL necessary to achieve 0 dB HL is highest at low frequencies, decreases in the mid-frequencies, and increases again at high frequencies.
ASSESSMENT AND INTERVENTION
VESTIBULAR PORTION

Julie A. Honaker, Ph.D.
Audiology NAC Member
A patient is seen for vestibular evaluation with the primary complaint of persistent imbalance for past 6 months. She states that she had one severe attack of true rotary vertigo 6 months ago, and since then fears another will occur. Quick movements increase her symptoms. She reportedly takes meclizine daily.

VNG results indicate normal ocular-motor function. A second-degree left-beating nystagmus is observed during gaze testing without fixation. Postactive head-shake nystagmus reveals a left-beating nystagmus. No positional or positioning nystagmus is observed. Bilateral bithermal caloric results indicate a 50% weakness with no directional preponderance.

Based on the above information the patient most likely has...

a) Meniere’s Disease
b) A central vestibular pathology
c) A statically uncompensated peripheral pathology affecting the right ear
d) A dynamically uncompensated peripheral pathology affecting the left ear
e) A dynamically uncompensated peripheral pathology affecting the right ear
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Answer: E

Rationale: VNG results normally provide site-of-lesion specific information (i.e., caloric irrigations) to determine probable side of weakness. In this example, the patient had a 50 percent right peripheral vestibular weakness, suggesting a peripheral pathology affecting the right side. The postactive head-shake left-beating nystagmus suggests that the lesion is dynamically uncompensated.
Vestibular Question 2

Which of the following always applies to nystagmus caused by a labyrinthine lesion?

a) It’s right-beating on right gaze & left-beating on left gaze.
b) It is pendular when the eyes are closed
c) It is enhanced when the eyes are open
d) It is up-beating on up gaze and down-beating on down gaze
e) It is suppressed by visual fixation
Vestibular Question 2

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d) It is up-beating on up gaze and down-beating on down gaze
e) It is suppressed by visual fixation

Answer: E
Rationale: Visual suppression always suppresses nystagmus caused by a peripheral lesion, such as a labyrinthine lesion.
A 52-year-old patient is seen in your clinic for complaints of a vestibular crisis event lasting for 3 days with continuous symptoms of vertigo and nausea. He notes that his continuous symptoms improved, but he now reports head motion provoked symptoms of vertigo, in particular when he moves his head in the sagittal plane. He was evaluated in your clinic with VNG assessment and testing showed normal oculomotor function, right-beating spontaneous nystagmus, absent cool, warm and ice water caloric responses on the left, and left posterior canal benign paroxysmal positional vertigo (BPPV).

Which of the following general statement best applies to this patient...

a) The findings suggest complete loss of function of the left vestibular system.
b) The findings suggest complete loss of function of the left horizontal canal with preserved function in the anterior canal.
c) The findings suggest loss of left horizontal canal function, at least in the lower frequency range, with preserved posterior canal function.
d) The findings suggest incomplete bilateral vestibular system loss.
e) The findings suggest complete loss of left posterior canal function, with preserved horizontal and anterior canal function.

Let’s break this down
A 52-year-old patient is seen in your clinic for complaints of a vestibular crisis event lasting for 3 days with continuous symptoms of vertigo and nausea. He notes that his continuous symptoms improved, but he now reports head motion provoked symptoms of vertigo, in particular when he moves his head in the sagittal plane. He was evaluated in your clinic with VNG assessment and testing showed normal oculomotor function, right-beating spontaneous nystagmus, absent cool, warm and ice water caloric responses on the left, and left posterior canal benign paroxysmal positional vertigo (BPPV).

**Vestibular Question 3**

**Answer: C**

**Rationale:** VNG caloric test results provide site-of-lesion information suggesting loss of left horizontal canal function at least in the low frequency range (frequency range of caloric irrigations). The right-beating spontaneous nystagmus also support the findings of left vestibular paresis. The left posterior canal BPPV suggests that the left posterior canal is functioning.
Pediatrics
Audiology PRAXIS
NSSSLHA Day at ASHA—2014
A newborn did not pass their newborn hearing screen and is seen for diagnostic follow up testing. Of the following tests, which would be the least beneficial for providing diagnostic information about hearing loss?

- a. Distortion product otoacoustic emissions
- b. Behavioral observation audiometry
- c. Acoustic immittance measures
- d. Auditory brainstem response testing
• The answer is B, behavioral observation audiometry (BOA). While it is important to understanding the child’s responses to sound, BOA is not a test that provides threshold information or aids in differential diagnosis.

• Otoacoustic emissions and acoustic immittance measure, while not assessing threshold, do aid in the differential diagnosis of hearing loss.
Pediatrics

Question 2

- When conducting an audiological evaluation, it is important to take into consideration the infant’s gestational age, rather than chronologic age when interpreting the results. If an infant is born at 32 weeks gestation which of the following tests is most impacted by this gestational age.

A. DPOAE amplitude
B. ABR Wave V
C. ABR threshold
D. TEOAE frequency response
Pediatrics

**Answer 2**

- Answer B is correct as prematurity impacts the physiology of myelinationization of the auditory nervous system, in turn, affecting the latencies of auditory evoked potentials up to about 18 months of age.

- The other tests are not affected unless hearing loss is present or the child is being tested younger than 32 weeks gestation.
ASSESSMENT/INTERVENTION QUESTIONS: RELATED TO DISPENSING/FITTING

Glenn Waguespack, Audiology NAC Member
1. A patient who has had a sudden profound sensorineural hearing loss in the left ear has undergone a complete otological evaluation, including a prescribed course of steroids, an MRI, and serial audiograms. The otologist has determined that the loss is irreversible and is referred to you for follow-up. The most logical next step is...

A. Fitting with a power behind-the-ear hearing aid on a trial basis
B. Enrollment in speechreading classes
C. Trial with an osseo-integrated cochlear device
D. Referral to another otologist for a second opinion
E. Referral to a speech-language pathologist for information regarding speech conservation

Answer is C – Rationale - Osseo-integrated devices (formerly called BAHA) have as one of their promotional uses an appropriate fitting for single-sided deafness.
2. A patient has been identified with normal hearing bilaterally through 1500 Hz with a sharply sloping sensorineural loss in the frequency range above 1500 Hz. The most appropriate system of amplification is:

A. Binaural completely in-the-canal hearing aids
B. RITE aids with an open ear fitting
C. Binaural behind-the-ear hearing aids with occluding earmolds
D. In-the-ear aids with no venting
E. An assistive listening device (e.g. Pocket Talker)

Answer is B – Rationale - RITE aids with an open fitting are least likely to cause problems with the occlusion effect and are programmable to provide amplification in the appropriate frequency range(s). CIC or canal aids generally cause problems with occlusion in patients with normal low and mid-frequency hearing.
3. A practicing attorney with a progressive bilateral sensorineural hearing loss has worn power BTE aids for many years. The loss has progressed to the point where his word recognition scores are less than 50%, and his communication problems have gotten significantly worse. The most appropriate recommendation for this patient is...

A. Trial period with a body type hearing aid and earmolds coupled to a Y-cord
B. Hearing aids utilizing frequency transposition technology
C. Use of an FM system in difficult listening environments
D. A cochlear implant
E. Training in speechreading

**Answer is D – Rationale** - A cochlear implant is the most appropriate recommendation since its use would not be restricted just to specific situations. Additionally, conventional hearing aids are no longer functional for the patient.
4. A new user of binaural behind-the-ear hearing aids returns to the audiologist during the 30-day trial period with a complaint that sound is reverberant and hollow and that her own voice sounds as if it were in a barrel. Which of the following would be most helpful in this situation?

A. Lowering the OSPL 90
B. Adding a vent or enlarging the present vent
C. Ordering a new earmold without a helix
D. Adding a 687-ohm or 1500-ohm damper to the earhook
E. Widening the end of the earmold bore

Answer is B – Rationale - Venting an earmold is recommended to lessen the occlusion effect and reduce some of the low-frequency gain that may be causing the barrel-sound when the patient speaks.
5. A 40-year old woman who has experienced a gradual onset of a left-sided hearing loss since the age of 35 presents with a high frequency hearing loss in the left ear and a reduced word recognition score in that ear. The most appropriate recommendation is:

A. Administer an auditory brainstem response rate study
B. An otological evaluation
C. Otoacoustic emission testing
D. Fitting of appropriate amplification
E. Re-evaluation in 3-6 months to check the stability of the hearing levels

Answer is B – Rationale - The otological evaluation is recommended, given the gradual onset of the loss and the reduced word recognition score. An MRI ordered by the otologist would provide the most diagnostic information and treatment recommendations.
6. A 50-year old patient presents with a history of having worked in a factory without ear protection for a number of years. Which of the following is NOT likely to be characteristic of his hearing loss?

A. He may have more difficulty understanding women and children
B. He may experience communication problems in a noisy restaurant
C. He may complain of an occasional ringing in both ears
D. His audiogram is likely to show a unilateral hearing loss
E. He may obtain benefit from appropriate hearing aids

Answer is D – Rationale - Unilateral hearing losses are not typical of audiometric configurations for individuals who work in noisy environments. Hearing generally shows a symmetrical hearing loss.
Session Wrap-Up

Lisa Lucks Mendel
University of Memphis
What you need to know about the test...

• The exam is intended to be taken by AuD students in their final year
• The level of the exam has changed
  – Questions are now geared toward requisite knowledge achieved at the *doctoral level, as directed by the profession*
    • There are more clinical decision-making questions (Analysis/Synthesis), rather than just at the knowledge/comprehension level
• Only questions answered correctly count toward exam score; guessing is encouraged
• Raw points awarded for number of correct answers; scaled score computed from total number of raw points
• Some questions may not count toward your score
What you need to know about the test...

• Academic programs receive candidates’ score reports
  – Be sure to select ASHA and your attending institution as recipients of your score

• Results submitted for initial certification for ASHA must have been obtained no more than 5 years prior to submission of application
  – Audiology certification applicants who do not make a passing score have 2 years from date of application to retake and pass Praxis

• Test accommodations are available
Test-Taking Strategies

• Don’t leave any questions blank since your score is based on the number of questions you answer correctly with no penalty for an incorrect answer
  • If you don’t know the answer, try to eliminate obvious wrong answers and guess the correct one
• Pace yourself and allow ample time per question
• You can answer questions in any order
  – You can mark harder questions for “Review” using a review button and come back to them by viewing the review page
  – Practice these features at www.ets.org/praxis/computertestingdemo
• Read all possible answers before picking one
• Review your answers if you have time
• You just need a passing score
Smart Tips

• Don’t sell your textbooks from introductory classes as they can be an important source of study material.
• Don’t worry about your score when taking the test.
• Keep track of time.
• Do not take too much time on any one question.
• Be aware of key words such as NOT, BEST, LEAST, EXCEPT ...

• Scan the answer choices before you start reading the material and/or working the problem.
• In multiple-choice items, you need to choose the correct answer, but you do not need to prove it. Don’t waste your time trying to prove the answer.
• Be well rested on test day.
Are you ready?

• Know the test requirements for ASHA/licensure board/state
• Know the topics to be covered on the test
• Review textbooks, class notes, and course readings for these topics
• Know test time, number, and type of questions
• Familiarity with different M/C question types
• Know test taking strategies
• Worked through practice questions in the Study Companion
Test Prep Resources

• Take advantage of the resources available to you
  – Praxis website [www.ets.org/praxis](http://www.ets.org/praxis)

  • Free Resources [http://www.ets.org/praxis/prepare/materials/5342](http://www.ets.org/praxis/prepare/materials/5342)
    – Computer-Delivered Testing Demonstration
    – Strategies for Success video
    – Test Prep Webinars

  • Priced Resources
    – Audiology Study Guide eBook ($22.95)
    – Interactive Practice Test ($17.95) – available by January 2015
In Summary

- Know about the Audiology test
- Prepare a Study Plan to aid in a thorough review of content
- Practice responding to sample questions from the Study Companion
- Practice by taking the sample test in Audiology Study Guide
- Practice time management strategies
- Practice anxiety-reducing techniques